

NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant: John M. Williams

Application No.: 10/719,055

Group: 1618

Filed: November 21, 2003

Examiner: Gembeh, S.V.

Confirmation No.: 9135

For: INHIBITION OF CHRONIC TISSUE TRANSPLANT REJECTION

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
02/24/09	M. H. Gochy
Date	Signature
Meredith M. Eschauer	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated August 26, 2008 of the Examiner's second rejection of Claims 1-28. The item(s) checked below are appropriate:

- ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action dated August 26, 2008 for three months from November 26, 2008 to February 26, 2009.
- ☐ A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
☐ Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.

03/03/2009 EFLORES 00000009 10719055

01 FC:1401
02 FC:1253

540.00 OP
1110.00 OP

3. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months		\$1110.00
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([] mo.)	\$[]
	Less fee paid	([] mo.) -	\$[]
	Balance of fee due		\$[]
<input checked="" type="checkbox"/>	Notice of Appeal		\$540.00
<input type="checkbox"/>	Other		\$[]
TOTAL			\$1650.00

4. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1650.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By

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Dated:

Feb. 24, 2009